

IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, Iowa 50319

GENERAL LICENSE RADIOACTIVE MATERIAL INFORMATION

A. Facility Identification

1. Name of facility:	2. Telephone Number:		
3. Location:			
No.	Street	Town or City	Zip
4. Mailing address (if different than #3):			
No.	Street	Town or City	Zip
5. Individual that can be contacted:			

B. Device Data -- list each type of device separately. (Use additional pages if necessary.)

1. Manufacturer Name:	
2. Model Number of the device:	3. Serial Number of the device
4. Isotope:	5. Activity:
6. Purpose of the device:	

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